

## **GIVEBACK Meeting Notes**

*Gun Injury and Violence Advisory Board And Collaborative Network*

**March 11, 2021**

**1:30 - 3:30 p.m.**

### **Attendees:**

#### *VDH FASTER:*

- Erin Austin
- Lauren Yerkes
- Meredith Davis
- Paul Ronca
- Stephanie Neal
- Elizabeth Lowery
- Paul Ronca
- Lisa Wooten

#### *VDH Non-FASTER:*

- Rosie Hobron (Office of the Chief Medical Examiner)
- Jessica Rosner (Office of Emergency Medical Services)
- Justin Wallace (Office of Family Health Services - Youth Suicide Prevention)
- Maria Altonen (Office of Family Health Services - Sexual and Domestic Violence Prevention)
- Veronica Cosby (Office of Health Equity)

#### *GIVEBACK Board Members:*

- Harvey Powers (Department of Criminal Justice Services)
- Corri Miller Hobbs (Children's Hospital of Richmond and SafeKids)
- Mike Jenkins (Virginia State Police)
- Arwen Quinn (Carilion Roanoke Memorial Hospital)
- Donte McCutchen (Love Cathedral Community Church)
- Terri Sullivan (Department of Psychology at VCU)
- Nicole Gore (Department of Behavioral Health and Developmental Services)
- Martha Montgomery (Department of Education)
- Brandi Jancaitis (Department of Veteran Services)
- Derek Chapman (Center on Society and Health at VCH)
- Nicholas Thomson (VCU Health Injury and Violence Prevention Program)

#### **Meeting**

- Introduction (Lauren Yerkes)

- Background of project (Lauren Yerkes)
- Data presentation (Stephanie Neal)
  - Questions
    - How to get this data for our region? (Arwen)
      - Talk to Stephanie and Lauren
    - Does not include federal hospitals, does that mean no VA data? (Nicole)
      - Correct VA data is not included in hospitalization data
    - Why are EMS numbers different from hospital numbers? (Nicole)
      - Not everyone who is treated by EMS is transported to a hospital
- Discussion and Networking (Erin Austin)
  - Does your organization work in the area of firearm injury? If so, how? If not, are you interested in starting to work in this area?
    - Arwen
      - Hospital
      - Direct contact with firearm injury
      - Role is injury prevention
    - Mike
      - Obviously work in enforcement trying to take illegal firearms off the street, respond to calls where there is injury
      - At least once a year, partner with Richmond City and go into high-crime areas and try to reduce it - usually goes down during that time
    - Harvey
      - Certification and training of officers
        - Want to be informed by facts and not intuition
        - How to best use facts, especially considering scrutiny of LEO now
      - Want to make fact-based decisions for delivering safe communities while eliminating problems of disproportionalities and law enforcement response
    - Nick
      - Work in firearm injury in prevention and intervention for violence, including intimate partner violence
      - Do a lot of mechanistic research to understand why people engage in firearm violence (predisposition and vulnerabilities)
    - Corri
      - SAFEKIDS perspective
        - Looking at kids under 15
        - Have to address the family and what's going on
        - Lack of safe storage, gun lock distribution, in the community with law enforcement and with patients in the hospital
        - Increase in bystander injuries

- Participate in child fatality review teams for making recommendations for legislation and policy
- Looking for evidence-based programs for education and prevention in pediatric population
- Brandi
  - Military servicemembers
  - Firearm training is ingrained in the culture and firearms are a critical part of your security and it's how you keep yourself and loved ones safe
  - Takes special messaging to spread safety messages
    - 50% of suicides are by firearm in Virginia
    - 70% of veteran suicides are by firearm
  - Linked with VA for lethal means safety training, also CSBs for lock and talk
  - Tailoring pre-existing messaging to veteran population - sometimes message better received coming from "same" (vet to vet, spouse to spouse)
  - Also reaching out to providers who serve this community
  - Erin - anything from Stephanie's data that might help you?
    - Often a big chunk missing because VA missing, or because providers don't ask about military service/veteran status - wants to learn more about what the data CAN say about vets/military and advocate for better data collection
- Donte
  - Serve community in times of grieving
  - Supporting community members, especially young people, about gun safety
- What are your upcoming interests/projects related to firearm injury? What kind of information (e.g. data) could help inform your upcoming work?
  - Nick
    - 2 ways that we like to use data
      - localized, current, accessible statistics - for research and grant purposes
      - Violence case managers being able to disseminate that to patients, but in layman's terms so they can understand their risk of firearm violence
  - What data are you using right now - do you have gaps you'd hope to fill?
    - Lauren - can be qualitative data, doesn't have to be numbers
      - Erin - VDH data mostly quantitative, need to expand our qualitative data
    - Nick
      - National databases for hospital-level data
      - Individual-level data like readmits and attitudes towards firearms, arrest records

- Also qualitative data from talking to people about firearms
- Brandi
  - Servicemember veteran and family
  - Where can we get bulk qualitative data?
  - VVDRS - use a lot
  - Veteran's Affairs data
  - Servicemember data
    - Unit risk inventory - break it down to military units and look for risky behavior which can include behaviors with firearms and substance use disorder
- Arwen
  - Using trauma registry, but if discharged directly from ED then don't go into trauma registry
  - PD shares data as well, though not regularly - have to ask and go to each PD individually
    - Erin - want to talk about workgroup in Roanoke?
      - Arwen -
        - Roanoke task force, also doing microproject of gun violence task force with trauma nurses do some co-training with PD to increase collaboration and trust
        - Invitation for collaboration is as open as it could be
- Derek
  - Number of data sources used for targeting interventions and writing grants and also long-term outcome evaluation - RPD, VCU ED data, VVDRS, DCJS, DJJ, Richmond Public Schools,
- Corri
  - Trauma registry
  - Also using VDH site and its data, but mostly focused on their own data
- Priority populations you would like to reach but currently aren't or would like to reach better?
  - None
- Are there any community-based partners you would like to recommend for VDH to invite to participate in the GIVEBACK?
  - Can email them to us ([faster@vdh.virginia.gov](mailto:faster@vdh.virginia.gov))
- Final questions?
  - Final thought - Lauren - priority populations can be very detailed - we may not have the data now, but we need to know where we're trying to go in the next 3 years
- Next Steps

- Brief survey by late spring to gather initial input for data dissemination plan
  - Next meeting: June 10, 2021 (probably) - same time, likely virtual again
- Questions/Sharing